| NAME OF TAXPAYER REPORTING BASIS |                  | ACCOUNT NUMBER  |
|----------------------------------|------------------|-----------------|
|                                  | NAME OF TAXPAYER | REPORTING BASIS |

| I,                             |              |                 |                |            | , state that on  | or abou |
|--------------------------------|--------------|-----------------|----------------|------------|------------------|---------|
|                                | o'clock o    | on the          |                | day of     |                  | _ 19    |
| I placed in the Unit           | ed States m  | ail at a post o | office, mail b | ox or oth  | er like facility |         |
| located at                     |              |                 |                |            | _ , a postage p  | repaid  |
| sealed envelope ad             | dressed to t | he State Boar   | rd of Equaliz  | zation, wh | ich contained    | a       |
| $\square$ prepayment $\square$ | tax return   | for the perio   | od ended       |            |                  | ,       |
| together with a che            | ck or mone   | y order in the  | e amount of    | \$         |                  | for     |
| liability under the a          | account nur  | nber shown a    | above.         |            |                  |         |

## CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE

DATE